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Intel Legal Team  
Intel Corporation  
2111 NE 25th Avenue  
Hillsboro, OR, USA 97124

Date: December 18, 2005

Page 1 of 19

**TO:**

Examiner: Ma, Johnny  
Fax: 571-273-8300

Art Unit: 2614  
Phone: 571-272-7351

**FROM:**

Attorney: Justin B. Scout  
Fax: 503-264-1729

Mail Stop: JF3-147  
Phone: 503-264-7002

**APPLICATION INFORMATION:**

Application No.: 09/580,305  
Inventor: Shah-Nazaroff, et al.  
Assignee: Intel Corp.

Docket No.: P6484D2  
Filed: May 26, 2000

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PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission 19


Application Number	09/580,305
Filing Date	May 26, 2000
First Named Inventor	Shah-Nazaroff, et al.
Art Unit	2614
Examiner Name	Ma, Johnny
Attorney Docket Number	P6484D2

### ENCLOSURES (Check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
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Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Intel Corporation		
Signature			
Printed name	Justin B. Scout		
Date	Sun, Dec 18, 2005	Reg. No.	54,431

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Signature			
Typed or printed name	Justin B. Scout	Date	Sun, Dec 18, 2005

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DEC 18 2005

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 450.00**Complete if Known**

Application Number	09/580,305
Filing Date	May 26, 2000
First Named Inventor	Shah-Nazaroff, et al.
Examiner Name	Ma, Johnny
Art Unit	2614
Attorney Docket No.	P6484D2

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		

<b>Multiple Dependent Claims</b>
<b>Fee (\$)</b>
<b>Fee Paid (\$)</b>
0
0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2 month exten.

<b>Fees Paid (\$)</b>
0
450.00

**SUBMITTED BY**

Signature <u>Justin B. Scout</u>	Registration No. (Attorney/Agent) 54,431	Telephone 503-264-7002
Name (Print/Type) Justin B. Scout		Date Dec 18, 2005

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PTO/SB/17 (12-04v2)

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**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

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**Complete if Known**

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Examiner Name	Ma, Johnny
Art Unit	2614
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**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
----------	-----------------------

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = x = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = x = 0

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = / 50 = (round up to a whole number) x = 0

**4. OTHER FEE(S)**

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Fees Paid (\$)

0

Other (e.g., late filing surcharge): 2 month exten.

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Signature	Registration No. 54,431 (Attorney/Agent)	Telephone 503-264-7002
Name (Print/Type) Justin B. Scout		Date Dec 18, 2005

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